



JAN. 17, 2013

HEALTH ADVISORY

National Isoniazid Shortage: North Dakota Tuberculosis Control Plan

This is to alert all North Dakota health-care providers that, at present, there is a severe shortage of Isoniazid 300 mg tablets as well as Isoniazid 100 mg tablets nationwide. Isoniazid is a commonly used anti-tuberculosis antibiotic for treatment of tuberculosis infection as well as tuberculosis disease (in combination with other antibiotics Rifampin, Ethambutol and Pyrazinamide).

The North Dakota Department of Health has a limited supply of Isoniazid on hand. Private pharmacies are also reporting an inability to access Isoniazid at this time. Effective immediately, the following distribution practices will be changed to address the shortages of medication for an undetermined period of time.

Control plan for distribution of Isoniazid in North Dakota:

Effective immediately, one or more of the following criteria must be met prior to providing shipment of Isoniazid to North Dakota providers:

- Individuals with confirmed or suspected active tuberculosis
- High-risk latent tuberculosis infection (LTBI)
 - Persons with medical conditions that increase likelihood of progression to tuberculosis disease (i.e. HIV/AIDS, diabetes, immunosuppression, TNf Alpha Inhibitor TX)
 - Children under age five
 - Individuals with chest radiographic findings consistent with prior TB (i.e. fibrosis, scarring)
 - Recent confirmed close-high-risk contact to a confirmed case of tuberculosis disease
 - Documented conversions from negative TV skin test or blood test (IGRA) within the past two years
 - Persons in correctional institutions who have sentences long enough to complete treatment
- Individuals who are already on treatment for TB infection and have been adherent to regular medication pick up monthly.

The North Dakota TB program requests providers strongly consider the following alternative options when prescribing treatment for latent TB infection or continuing treatment:

- Change otherwise healthy adults who are currently on Isoniazid nine-month regimen to seven-month regimen for completion of treatment; this does not apply to HIV-positive persons, those with fibrotic lesions on CXR or children. Please notify the North Dakota Department of Health for all individuals who have this regimen change immediately.
- Rifampin daily for four months administered with at minimum bi-weekly medication pick up and medical monitoring for sign and symptoms as well as adherence; not to be used in HIV-positive persons, persons less than 18 years of age or contacts to Rifampin-resistant cases of tuberculosis.
- Postponing treatment for all individuals who do not meet the high-risk criteria outlined above. If you choose to postpone treatment for any patient, please notify the North Dakota Department of Health.

For more information regarding the Isoniazid shortage, please see the December 21, 2012 Morbidity and Mortality Weekly Reports, <http://www.cdc.gov/mmwr/pdf/wk/mm6150.pdf> . Current status reports from the three Isoniazid manufacturers indicate a limited supply of Isoniazid 300 mg will begin to re-enter the market at the end of January 2013, but ability to meet full market demand is not expected until at least April 2013. For current updates on the shortage, you may refer to the FDA Drug Shortage reports at <http://www.fda.gov/Drugs/DrugSafety/DrugShortages/ucm314740.htm#isoniazid> .

For any questions regarding alternative treatment recommendations or other treatment questions, contact Dee Pritschet, TB Controller, at 701.328.2377 or djpitschet@nd.gov.

Categories of Health Alert messages:

- *Health Alert conveys the highest level of importance; warrants immediate action or attention.*
- *Health Advisory provides important information for a specific incident or situation; may not require immediate action.*
- *Health Update provides updated information regarding an incident or situation; no immediate action necessary.*
- *Health Information provides general information that is not necessarily considered to be of an emergent nature.*

This message is being sent to local public health units, clinics, hospitals, physicians, tribal health, North Dakota Nurses Association, North Dakota Long Term Care Association, North Dakota Healthcare Association, North Dakota Medical Association, and hospital public information officers.